



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



February 15, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Greenfields, 7900 South 87th Street requesting a class C/K liquor license.

James Donaldson has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mr. Donaldson is a currently approved liquor license manager.

The required training was completed on February 9th 2012.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency





LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: JAMES A DONALDSON , Male, DOB:

Date of listing: 02-15-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 03-08-1986	for (M)TRESPASS UPON PROPERTY OF ANOTHER	Case
Disposed 03-19-1986	as (M)TRESPASS UPON PROPERTY OF ANOTHER	Cit#
FOUND GUILTY Fined \$25.00		
Cited on 01-01-1984	for (M)MAINTAIN A DISORDERLY HOUSE	Case
Disposed 01-18-1984	as (M)DISTURB THE PEACE AND QUIET OF OTHERS	Cit#
FOUND GUILTY Fined \$50.00		

*** END OF LISTING ***

3/29 = 45 days

**APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov



FEE \$100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER _____

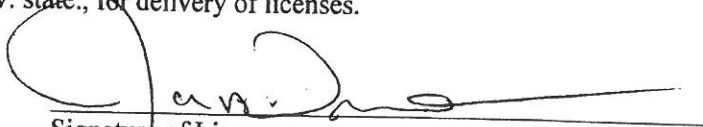
NAME OF LICENSEE Greenfield's Cafe LLC

TRADE NAME Greenfield's

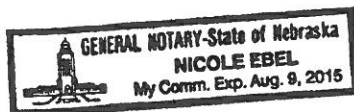
PREMISE ADDRESS 7900 S 87th

CITY/STATE/ZIP CODE Lincoln NE 68526

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.


Signature of Licensee

Subscribed in my presence and sworn to before me this 3 day of Feb, 2012



Nicole Ebel
Notary Public Signature & Seal

PREMISE INFORMATION

Trade Name (doing business as) GreenFields Cafe

Street Address #1 7900 S 87th

Street Address #2 _____

City Lincoln

County Lawcaster

Zip Code 68526

Premise Telephone number 402-470-3232

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name GreenFields Att. James Donaldson

Street Address #1 7900 S 87th

Street Address #2 _____

City Lincoln

State NE

Zip Code 68526

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

READ CAREFULLY

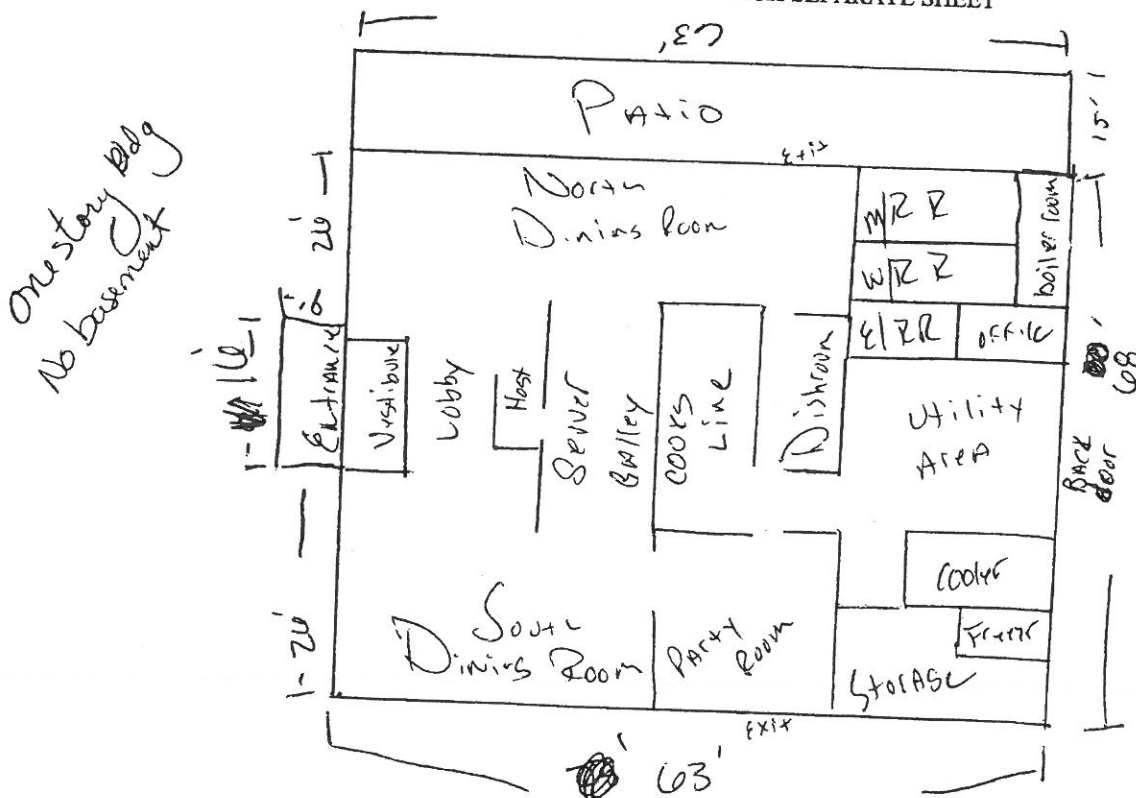
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 6 feet

Width 83 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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FEB 3 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Kevin C. Kundson

Name of Corporation that will hold license as listed on the Articles

Greenfield's Cafe Inc.

010117536

Corporation Address: 1028 G. St.

City: Lincoln

State: NE

Zip Code: 68508-3209

Corporation Phone Number: 402 477 1234 Fax Number: _____

Total Number of Corporation Shares Issued: 10,000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Kundson

First Name: Kevin

MI: C

Home Address: 801 W. RockCreek Rd

City: Raymond

State: NE

Zip Code: 68428

Home Phone Number: 402-785-2027

Kevin C. Kundson

Signature of President/CEO

State of Nebraska

County of Lancaster

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

12-29-11

Date

by Kevin Kundson

name of person acknowledge

Connie Estudillo

Affix Seal

State of Nebraska General Notary
Connie Estudillo
Comm Exp: 3-27-2014

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Knudson First Name: Kevin MI: C.

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 10,000

Spouse Full Name (indicate N/A if single): Lynn A. Knudson

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: DONALDSON First Name: JAMES MI: A

Home Address (include PO Box if applicable): 1336 Plum Street

City: Lincoln County: LANCASTER Zip Code: 68502

Home Phone Number: 402-202-5142 Business Phone Number: 402-420-3232

Social Security Number _____ Drivers License Number & State _____ NE

Date Of Birth: _____ Place Of Birth: Lincoln NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: DONALDSON First Name: SARA MI: L

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: West Point, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>1336 Plum Street</u> <u>Lincoln NE 68502</u>	<u>1998</u>	<u>Present</u>	<u>Same</u>		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
12-08	12-10	Romano's Macaroni Grill	Scott Gwartney	402-432-0428
12-10	4-11	Granite City Food & Brewery	Scott LeMaster	402-770-6357

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
JAMES DONALDSON	01/1984	Lincoln NE	Dist. the Peace	
JAMES DONALDSON	03/1986	Lincoln NE	TRYSPASSING	
JAMES DONALDSON	UNSURE	Nebraska	MINOR TRAFFIC VIOLATIONS	

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO
IF YES, list the name of the premise.
ROMANO'S MACARONI GRILL

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)
☐ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).


RESPONSIBLE SERVICE OF ALCOHOL (RSOA) LINCOLN 2006 / LICENSED BEVERAGE
HOSPITALITY TRAINING BY NRA + LBD NOV 2009

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant


Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

Feb 3, 2012

date

The foregoing instrument was acknowledged before me this

by

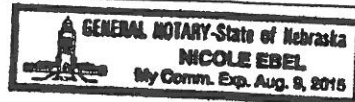
Sara Donaldson

name of person acknowledged



Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website:

Office Use

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FEB 3 2012

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Sara L. Donaldson
Signature of spouse asking for waiver
(Spouse of individual listed below)

Sara L. Donaldson
Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

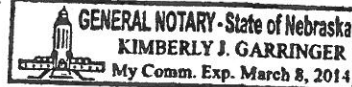
The foregoing instrument was acknowledged before me this

January 23, 2012
date

by Sara L. Donaldson
name of person acknowledged

Kimberly J. Garringer
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

James A. Donaldson
Signature of individual involved with application
(Spouse of individual listed above)

James A. Donaldson
Printed name of applying individual

State of Nebraska

County of Lancaster

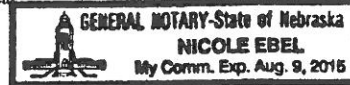
The foregoing instrument was acknowledged before me this

Feb 3, 2012
date

by James A. Donaldson
name of person acknowledged

Nicole Ebel
Notary Public signature

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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FEB 3 2012

**NEBRASKA LIQUOR
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will ~~have~~^{not} not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Lynn Knudson

Signature of spouse asking for waiver
(Spouse of individual listed below)

Lynn Knudson

Printed name of spouse asking for waiver

State of NE

County of Lancaster

12-29-11

date

Connie Estudillo

Notary Public signature

The foregoing instrument was acknowledged before me this

by K
Lynn Knudson

name of person acknowledged

Affix Seal

State of Nebraska General Notary
Connie Estudillo
Comm Exp: 3-27-2014

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Kevin C. Knudson

Signature of individual involved with application
(Spouse of individual listed above)

Kevin C. Knudson

Printed name of applying individual

State of Nebraska

County of Lancaster

February 3, 2012

date

Danielle M. Stahlnecker

Notary Public signature

The foregoing instrument was acknowledged before me this

by Kevin C Knudson

name of person acknowledged

Affix Seal

GENERAL NOTARY - State of Nebraska
DANIELLE M. STAHLNECKER
My Comm. Exp. Aug 6, 2014

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

OCT 11 1994

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR
BUREAU OF VITAL STATISTICS

65

PHS-796 (VS)
REV. 12-54
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Bryan Memorial Hospital</u>		d. STREET ADDRESS <u>6801 Benton</u> Inside City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print) a. (First) <u>James</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Donaldson</u>			
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	5. DATE OF BIRTH (Month) (Day) (Year) <u>10-543</u>
7. FULL NAME a. (First) <u>James</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Donaldson III</u>			
9. AGE (At time of this birth) <u>22</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Lincoln, Nebraska</u>	11a. USUAL OCCUPATION <u>Employed</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>American Stores</u>
12. FULL MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Susann</u> c. (Last) <u>Heilman</u>			
14. AGE (At time of this birth) <u>22</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>Muskogee, Oklahoma</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Mary Susann Donaldson - mother</u>			
18a. SIGNATURE <u>G. M. Matson, MD.</u>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)	
18c. ADDRESS <u>2737 North 49th</u>		19. MOTHER'S MAILING ADDRESS <u>6801 Benton Lincoln, Nebraska</u>	
8. DATE REC'D BY LOCAL REG. <u>AUG 10 1965</u>		21. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

RECEIVED

FEB 3 2012

NEBRASKA LIQUOR
CONTROL COMMISSION